

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-036747

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 764

Primary Registration District No. 2599

Registrar's No. 131

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED SEP 19 1963

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbus Twp		Length of stay in 1b 7 years	c. CITY OR TOWN Centerview
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION On Farm		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.F. D. #1
3. NAME OF DECEASED (Type or print) First Douglas Middle Nelson Last Parish		4. DATE OF DEATH Month September Day 7 Year 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/15/1945
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student & farmer		10b. KIND OF BUSINESS OR INDUSTRY Fathers farm	9. AGE (last birthday) 17
13a. FATHER'S NAME George H. Parish		13b. MOTHER'S MAIDEN NAME Thelma Evans	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no XXXX		16. SOCIAL SECURITY NO. XXXX	
17. INFORMANT Thelma Parish, Centerview, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot Wound in Left Tempel DUE TO (b) Hunting Accident DUE TO (c) none PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH sudden	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 6 A.M. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Holden, Missouri	
20g. COUNTY		20h. STATE	
21. I attended the deceased from did not attend , to dead 9/7/1963 Death occurred at 6 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Kelly Rawlin (Degree or title) M.D. Coroner	
22b. ADDRESS Holden, Missouri		22c. DATE SIGNED 9/9/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/9/1963	23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery	23d. LOCATION (City, town, or county) (State) Warrensburg, Missouri.
24. FUNERAL DIRECTOR Canaday and Ropp, Holden, Mo.		25. DATE RECD. BY LOCAL REG. Sept. 15, 1963	
26. REGISTRAR'S SIGNATURE Savannah Custerfield			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

SEP 26 1963

OCT 2 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Samuel B. Ropp

Licensed Embalmer No. 4044

P. O. Address Holden, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.